

**Purpose** Completed from the perspective of the child’s parent or guardian, the questionnaire evaluates a variety of behavioral problems and competencies in young children. Parents respond to 99 Likert-type items by selecting the option that best represents their child’s behavior over the past 6 months (0 = “Not true (as far as you know),” 1 = “Somewhat or sometimes true,” and 2 = “Very true or often true”). The questionnaire classifies individuals across a range of syndromes and DSM-oriented diagnoses, including emotionally reactive, somatic complaints, aggressive behavior, pervasive developmental problems, and attention deficit/hyperactivity problems. Though the scale is designed to measure overall behavioral competence, several items relate directly to sleep issues and combine to create a separate syndrome category for sleep problems:

- 22. Doesn’t want to sleep alone
- 38. Has trouble getting to sleep
- 48. Nightmares
- 64. Resists going to bed at night
- 74. Sleeps less than most kids during the day and/or night
- 84. Talks or cries out in sleep
- 94. Wakes up often at night

The scale is by no means a diagnostic measure of sleep disorders in children. Questions that might specifically screen for a well-recognized disorder such as sleep apnea, for example, are conspicuously absent. However, the questionnaire allows clinicians and researchers to obtain a general overview of sleep behaviors – one that

could potentially lead to further screening where relevant. The scale also collects information on a variety of other measures that may also be relevant to sleep, including inattention and hyperactivity [1].

**Population for Testing** Designed for children 1½–5, a version for older youth between the ages of 6 and 18 has also been created.

**Administration** Responses are solicited from a parent or guardian, and the scale can be administered in the form of a clinical interview or as a pencil-and-paper questionnaire. Administration time ranges from 15 to 20 min. In order to purchase the scale, clinicians and researchers must complete a “Test User Qualification Form” to be reviewed by the distributor. While those administering the questionnaire do not need to possess any particular qualifications, those supervising the testing and interpreting results must have completed at least two courses in tests and measurements at a university level. Exceptions are dealt with on a case-by-case basis, but generally, one must have achieved a relevant background in testing through other means. For this age range, developers also offer a Caregiver-Teacher Report Form (C-TRF), which may be useful in understanding the child’s behavior in a different context.

**Reliability and Validity** Studies assessing the psychometric properties of the CBCL have been numerous and include evaluations of its efficacy

in different cultural settings and its potential uses in discriminating a variety of patient populations. According to research conducted by the developers [2], the scale has an average test-retest reliability of .85, and an average cross-informant correlation of .61.

**Obtaining a Copy** The scale was developed and refined by Thomas Achenbach and colleagues for the Achenbach System of Empirically Based Assessment (ASEBA). To find a distributor in your area, visit the publisher's Web site: <http://www.aseba.org/index.html>

**Scoring** Though the test can be scored by hand, the ASEBA also sells a computer scoring

program called the Assessment Data Manager. *T*-scores and percentiles of the normative sample are found by plotting raw scores for each of the test's eight syndrome constructs on a scale. Each *T*-score falls into one of three ranges: normal (below 67), borderline (between 67 and 70), and clinical (above 70). Children also receive Internalizing, Externalizing, and Total Problem scores. While the CBCL is often treated as the gold standard in research and clinical questionnaires, it is important to remember that it is not a substitute for a full clinical evaluation. Some have criticized the test for its lack of subtlety in detecting certain problems and others have suggested that its length may be unnecessary [3].



Please print.

## CHILD BEHAVIOR CHECKLIST FOR AGES 1½-5

For office use only  
ID #CHILD'S First Middle Last  
FULL NAME

CHILD'S GENDER

☐ Boy ☐ Girl

CHILD'S AGE

CHILD'S ETHNIC GROUP  
OR RACE

TODAY'S DATE

Mo \_\_\_\_ Day \_\_\_\_ Year \_\_\_\_

CHILD'S BIRTHDATE

Mo \_\_\_\_ Day \_\_\_\_ Year \_\_\_\_

Please fill out this form to reflect *your* view of the child's behavior even if other people might not agree. Feel free to write additional comments beside each item and in the space provided on page 2. **Be sure to answer all items.**

PARENTS' USUAL TYPE OF WORK, even if not working now. Please be specific — for example, auto mechanic, high school teacher, homemaker, laborer, lathe operator, shoe salesman, army sergeant

FATHER'S

TYPE OF WORK \_\_\_\_\_

MOTHER'S

TYPE OF WORK \_\_\_\_\_

THIS FORM FILLED OUT BY: (print your full name)

Your relationship to child:

☐ Mother☐ Father☐ Other (specify): \_\_\_\_\_

Below is a list of items that describe children. For each item that describes the child **now or within the past 2 months**, please circle the **2** if the item is **very true or often true** of the child. Circle the **1** if the item is **somewhat or sometimes true** of the child. If the item is **not true** of the child, circle the **0**. Please answer all items as well as you can, even if some do not seem to apply to the child.

0 = Not True (as far as you know)

1 = Somewhat or Sometimes True

2 = Very True or Often True

- 0 1 2 1. Aches or pains (without medical cause; **do not** include stomach or headaches)
- 0 1 2 2. Acts too young for age
- 0 1 2 3. Afraid to try new things
- 0 1 2 4. Avoids looking others in the eye
- 0 1 2 5. Can't concentrate, can't pay attention for long
- 0 1 2 6. Can't sit still, restless, or hyperactive
- 0 1 2 7. Can't stand having things out of place
- 0 1 2 8. Can't stand waiting; wants everything now
- 0 1 2 9. Chews on things that aren't edible
- 0 1 2 10. Clings to adults or too dependent
- 0 1 2 11. Constantly seeks help
- 0 1 2 12. Constipated, doesn't move bowels (when not sick)
- 0 1 2 13. Cries a lot
- 0 1 2 14. Cruel to animals
- 0 1 2 15. Defiant
- 0 1 2 16. Demands must be met immediately
- 0 1 2 17. Destroys his/her own things
- 0 1 2 18. Destroys things belonging to his/her family or other children
- 0 1 2 19. Diarrhea or loose bowels (when not sick)
- 0 1 2 20. Disobedient
- 0 1 2 21. Disturbed by any change in routine
- 0 1 2 22. Doesn't want to sleep alone
- 0 1 2 23. Doesn't answer when people talk to him/her
- 0 1 2 24. Doesn't eat well (describe): \_\_\_\_\_
- 0 1 2 25. Doesn't get along with other children
- 0 1 2 26. Doesn't know how to have fun; acts like a little adult
- 0 1 2 27. Doesn't seem to feel guilty after misbehaving
- 0 1 2 28. Doesn't want to go out of home
- 0 1 2 29. Easily frustrated

- 0 1 2 30. Easily jealous
- 0 1 2 31. Eats or drinks things that are not food—**don't** include sweets (describe): \_\_\_\_\_
- 0 1 2 32. Fears certain animals, situations, or places (describe): \_\_\_\_\_
- 0 1 2 33. Feelings are easily hurt
- 0 1 2 34. Gets hurt a lot, accident-prone
- 0 1 2 35. Gets in many fights
- 0 1 2 36. Gets into everything
- 0 1 2 37. Gets too upset when separated from parents
- 0 1 2 38. Has trouble getting to sleep
- 0 1 2 39. Headaches (without medical cause)
- 0 1 2 40. Hits others
- 0 1 2 41. Holds his/her breath
- 0 1 2 42. Hurts animals or people without meaning to
- 0 1 2 43. Looks unhappy without good reason
- 0 1 2 44. Angry moods
- 0 1 2 45. Nausea, feels sick (without medical cause)
- 0 1 2 46. Nervous movements or twitching (describe): \_\_\_\_\_
- 0 1 2 47. Nervous, highstrung, or tense
- 0 1 2 48. Nightmares
- 0 1 2 49. Overeating
- 0 1 2 50. Overtired
- 0 1 2 51. Shows panic for no good reason
- 0 1 2 52. Painful bowel movements (without medical cause)
- 0 1 2 53. Physically attacks people
- 0 1 2 54. Picks nose, skin, or other parts of body (describe): \_\_\_\_\_

Be sure you answered all items. Then see other side.

Please print your answers. Be sure to answer all items.

0 = Not True (as far as you know)			1 = Somewhat or Sometimes True			2 = Very True or Often True		
0	1	2	55. Plays with own sex parts too much	0	1	2	79. Rapid shifts between sadness and excitement	
0	1	2	56. Poorly coordinated or clumsy	0	1	2	80. Strange behavior (describe): _____	
0	1	2	57. Problems with eyes (without medical cause) (describe): _____	0	1	2	81. Stubborn, sullen, or irritable	
0	1	2	58. Punishment doesn't change his/her behavior	0	1	2	82. Sudden changes in mood or feelings	
0	1	2	59. Quickly shifts from one activity to another	0	1	2	83. Sulks a lot	
0	1	2	60. Rashes or other skin problems (without medical cause)	0	1	2	84. Talks or cries out in sleep	
0	1	2	61. Refuses to eat	0	1	2	85. Temper tantrums or hot temper	
0	1	2	62. Refuses to play active games	0	1	2	86. Too concerned with neatness or cleanliness	
0	1	2	63. Repeatedly rocks head or body	0	1	2	87. Too fearful or anxious	
0	1	2	64. Resists going to bed at night	0	1	2	88. Uncooperative	
0	1	2	65. Resists toilet training (describe): _____	0	1	2	89. Underactive, slow moving, or lacks energy	
0	1	2	66. Screams a lot	0	1	2	90. Unhappy, sad, or depressed	
0	1	2	67. Seems unresponsive to affection	0	1	2	91. Unusually loud	
0	1	2	68. Self-conscious or easily embarrassed	0	1	2	92. Upset by new people or situations (describe): _____	
0	1	2	69. Selfish or won't share	0	1	2	93. Vomiting, throwing up (without medical cause)	
0	1	2	70. Shows little affection toward people	0	1	2	94. Wakes up often at night	
0	1	2	71. Shows little interest in things around him/her	0	1	2	95. Wanders away	
0	1	2	72. Shows too little fear of getting hurt	0	1	2	96. Wants a lot of attention	
0	1	2	73. Too shy or timid	0	1	2	97. Whining	
0	1	2	74. Sleeps less than most kids during day and/or night (describe): _____	0	1	2	98. Withdrawn, doesn't get involved with others	
0	1	2	75. Smears or plays with bowel movement	0	1	2	99. Worries	
0	1	2	76. Speech problem (describe): _____	0	1	2	100. Please write in any problems the child has that were not listed above	
0	1	2	77. Stares into space or seems preoccupied	0	1	2	_____	
0	1	2	78. Stomachaches or cramps (without medical cause)	0	1	2	_____	

Please be sure you have answered all items.  
Underline any you are concerned about.

Does the child have any illness or disability (either physical or mental)? ☐ No ☐ Yes—Please describe:

What concerns you most about the child?

Please describe the best things about the child:

**LANGUAGE DEVELOPMENT SURVEY FOR AGES 18-35 MONTHS**For office use only  
ID #

The Language Development Survey assesses children's word combinations and vocabulary. By carefully completing the Language Development Survey, you can help us obtain an accurate picture of the child's developing language. *Please print your answers. Be sure to answer all items.*

- I. Was the child born earlier than the usual 9 months after conception?  
☐ No      ☐ Yes—how many weeks early? \_\_\_\_\_ weeks early
- II. How much did the child weigh at birth? \_\_\_\_\_ pounds \_\_\_\_\_ ounces; or \_\_\_\_\_ grams.
- III. How many ear infections did the child have before age 24 months?  
☐ 0-2      ☐ 3-5      ☐ 6-8      ☐ 9 or more
- IV. Is any language beside English spoken in the child's home?  
☐ No      ☐ Yes—please list the languages: \_\_\_\_\_  
 \_\_\_\_\_
- V. Has anyone in the child's family been slow in learning to talk?  
☐ No      ☐ Yes—please list their relationships to the child; for example, brother, father:  
 \_\_\_\_\_
- VI. Are you worried about the child's language development?  
☐ No      ☐ Yes—why \_\_\_\_\_  
 \_\_\_\_\_
- VII. Does the child spontaneously say words in any language? (not just imitates or understands words)?  
☐ No      ☐ Yes—if yes, please complete item VIII and page 4.
- VIII. Does the child combine 2 or more words into phrases? For example: "more cookie," "car bye-bye."  
☐ No      ☐ Yes—please print 5 of the child's longest and best phrases or sentences.  
 For each phrase that is not in English, print the name of the language
1. \_\_\_\_\_
  2. \_\_\_\_\_
  3. \_\_\_\_\_
  4. \_\_\_\_\_
  5. \_\_\_\_\_

*Be sure you answered all items. Then see other side.*



Please circle each word that the child says SPONTANEOUSLY (not just imitates or understands). If your child says non-English versions of words on the list, circle the English word and write the first letter of the language (e.g., S for Spanish). Please include words even if they are not pronounced clearly or are in "baby talk" (for example: "baba" for bottle).

FOODS	ANIMALS	ACTIONS	HOUSEHOLD	MODIFIERS	OTHER
1. apple	55. bear	107. bath	163. bathtub	216. all gone	264. any letter
2. banana	56. bee	108. breakfast	164. bed	217. all right	265. away
3. bread	57. bird	109. bring	165. blanket	218. bad	266. booboo
4. butter	58. bug	110. catch	166. bottle	219. big	267. byebye
5. cake	59. bunny	111. clap	167. bowl	220. black	268. excuse me
6. candy	60. cat	112. close	168. chair	221. blue	269. here
7. cereal	61. chicken	113. come	169. clock	222. broken	270. hi, hello
8. cheese	62. cow	114. cough	170. crib	223. clean	271. in
9. coffee	63. dog	115. cut	171. cup	224. cold	272. me
10. cookie	64. duck	116. dance	172. door	225. dark	273. meow
11. crackers	65. elephant	117. dinner	173. floor	226. dirty	274. my
12. drink	66. fish	118. doodoo	174. fork	227. dry	275. myself
13. egg	67. frog	119. down	175. glass	228. good	276. nighttime
14. food	68. horse	120. eat	176. knife	229. happy	277. no
15. grapes	69. monkey	121. feed	177. light	230. heavy	278. off
16. gum	70. pig	122. finish	178. mirror	231. hot	279. on
17. hamburger	71. puppy	123. fix	179. pillow	232. hungry	280. out
18. hotdog	72. snake	124. get	180. plate	233. little	281. please
19. ice cream	73. tiger	125. give	181. potty	234. mine	282. Sesame St
20. juice	74. turkey	126. go	182. radio	235. more	283. shut up
21. meat	75. turtle	127. have	183. room	236. nice	284. thank you
22. milk		128. help	184. sink	237. pretty	285. there
23. orange		129. hit	185. soap	238. red	286. under
24. pizza	<b>BODY PARTS</b>	130. hug	186. spoon	239. stinky	287. welcome
25. pretzel	76. arm	131. jump	187. stairs	240. that	288. what
26. raisins	77. belly button	132. kick	188. table	241. this	289. where
27. soda	78. bottom	133. kiss	189. telephone	242. tired	290. why
28. soup	79. chin	134. knock	190. towel	243. wet	291. woofwoof
29. spaghetti	80. ear	135. look	191. trash	244. white	292. yes
30. tea	81. elbow	136. love	192. T.V.	245. yellow	293. you
31. toast	82. eye	137. lunch	193. window	246. yucky	294. yumyum
32. water	83. face	138. make			295. any number
	84. finger	139. nap			
	85. foot	140. open	<b>PERSONAL</b>	<b>CLOTHES</b>	<b>PEOPLE</b>
<b>TOYS</b>	86. hair	141. outside	194. brush	247. belt	296. aunt
33. ball	87. hand	142. patty cake	195. comb	248. boots	297. baby
34. balloon	88. knee	143. peekaboo	196. glasses	249. coat	298. boy
35. blocks	89. leg	144. peepee	197. key	250. diaper	299. daddy
36. book	90. mouth	145. push	198. money	251. dress	300. doctor
37. crayons	91. neck	146. read	199. paper	252. gloves	301. girl
38. doll	92. nose	147. ride	200. pen	253. hat	302. grandma
39. picture	93. teeth	148. run	201. pencil	254. jacket	303. grandpa
40. present	94. thumb	149. see	202. penny	255. mittens	304. lady
41. slide	95. toe	150. show	203. pocketbook	256. pajamas	305. man
42. swing	96. tummy	151. shut	204. tissue	257. pants	306. mommy
43. teddy bear		152. sing	205. tooth brush	258. shirt	307. own name
	<b>VEHICLES</b>	153. sit	206. umbrella	259. shoes	308. pet name
<b>OUTDOORS</b>	97. bike	154. sleep	207. watch	260. slippers	309. uncle
44. flower	98. boat	155. stop		261. sneakers	310. name of TV
45. house	99. bus	156. take	<b>PLACES</b>	262. socks	or story
46. moon	100. car	157. throw	208. church	263. sweater	character
47. rain	101. motorcycle	158. tickle	209. home		
48. sidewalk	102. plane	159. up	210. hospital		
49. sky	103. stroller	160. walk	211. library		
50. snow	104. train	161. want	212. park		
51. star	105. trolley	162. wash	213. school		
52. street	106. truck		214. store		
53. sun			215. zoo		
54. tree					

Other words your child says, including non-English words:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## References

1. Chervin, R. D., Dillon, J. E., Bassetti, C., Ganoczy, D. A., & Pituch, K. J. (1997). Symptoms of sleep disorders, inattention, and hyperactivity in children. *Sleep, 20*(12), 1185–1192.
2. Achenbach, T. M., & Rescorla, L. A. (2001). *Manual for the ASEBA School-Age Forms & Profiles*. Burlington, VT: University of Vermont.
3. Goodman, R., & Scott, S. (1999). Comparing the Strengths and Difficulties Questionnaire and the Child Behavior Checklist: is small beautiful? *Journal of Abnormal Child Psychology, 27*(1), 17–24.

## Representative Studies Using Scale

- Van Zeijl, J., Mesman, J., Van IJzendoorn, M. H., Bakermans-Kranenburg, M. J., Juffer, F., Stolk, M. N., Koot, H. M., & Alink, L. R. A. (2006). Attachment-based intervention for enhancing sensitive discipline in mothers of 1- to 3-year-old children at risk for externalizing behavior problems: a randomized controlled trial. *Journal of Consulting and Clinical Psychology, 74*(6), 994–1005.
- Weaver, C. M., Shaw, D. S., Dishion, T. J., & Wilson, M. N. (2008). Parenting self-efficacy and problem behavior in children at high risk for early conduct problems: the mediating role of maternal depression. *Infant Behavior and Development, 31*(4), 594–605.